

ADDENDUM III – Continuum of Care Form

This form should be completed and submitted with the Addendum III LIHTC application . The Developer must complete pages 1-2 and the CoC must complete pages 3-4. If additional exhibits are needed to describe the information requested please attach the information to this form.

Owner Identification:

Organization

Primary Address

Contact Person

Contact Phone

Contact Email

President/CEO

Continuum of Care Identification Information:

Organization

Primary Address

Contact Person

Contact Phone

Contact Email

Chair or Designee

Housing Assessment and Resource Agency (HARA):

Organization

Primary Address

Contact Person

Contact Phone

Contact Email

Chair or Designee

Lead Organization Identification Information:

Organization

Primary Address

Contact Person

Contact Phone

Contact Email

Chair or Designee

Project Name: _____

Project Location: _____ **County** _____

Attach a copy of the letter of intent describing the proposed Permanent Supportive Housing Development as described below:

- a. The Developer is encouraged to submit a concept letter of intent to the CoC describing the proposed Permanent Supportive Housing Development. The letter should include:
 - a. The total number of units
 - b. The number of PSH units
 - c. Targeted Population
 - d. Description of the housing units, ie. Townhouses, Apartments, Single Family homes.
 - e. Bedroom mix of the proposed PSH units
 - f. Location of the Development
 - g. Proposed Services and Amenities

If the Developer is seeking points for CoC engagement and participation, the developer must attend a CoC meeting to discuss the proposed development outlined in the concept letter and provide a signed copy of the CoC Support Form.

Targeted Populations

Please check all that apply to this development:

Head of Household or Adult Member of Household must meet at least one of the following criteria: Definition details can be found in Attachment A of the Addendum III.

- ☐ **1. Homeless** (please check below all that apply)
- ☐ **Category 1** An individual or family who lacks a fixed, regular, and adequate nighttime residence.
 - ☐ **Category 2** An individual or family who will imminently lose their primary nighttime residence.
 - ☐ **Category 3** Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition.
 - ☐ **Category 4** Domestic Violence
- ☐ **2. Chronically Homeless**
- ☐ **3. Special Needs**

If targeted populations include homeless populations **attach HMIS data** supporting the need for the proposed permanent supportive housing units and **describe** the community's screening and **referral process** for permanent supportive housing. Describe how this process will provide referrals to the proposed development.

CoC Comments:

Please provide a letter of support for the proposed development and provide any additional comments below:

Attach a copy of the CoC meeting minutes from the meeting that the Development Team presented the Permanent Supportive Housing proposal including the date of the meeting, an attendee roster with the name of the attendee and the agency represented.

CoC Chair or designee

Name Printed	Title	Date
---------------------	--------------	-------------

Signature	Title	Date
------------------	--------------	-------------

HARA Representative

Name Printed	Title	Date
---------------------	--------------	-------------

Signature	Title	Date
------------------	--------------	-------------

Lead Agency Representative

Name Printed	Title	Date
---------------------	--------------	-------------

Signature	Title	Date
------------------	--------------	-------------